

Storm Water Best Management Practice Information

Facility Name: _____

Date: _____

Owner Name: _____

Address: _____

Property Add. _____

City, State, Zip: _____

BMP Type (circle one) :

Bio-Filtration
Bio-Retention
Dry Pond
Filter Strip
Grass Swale
Infiltration Basin
Infiltration Trench

Oil Grit Separator
Rooftop Management
Sand Filter
Stormwater Wetland
Water Quality Inlet
Wet Pond
Other: _____

GPIN Number: _____

Tax Parcel Number: _____

Latitude: _____ **Longitude:** _____

Is the BMP located within an RPA or RMA (circle one)? RPA / RMA / NO

Receiving Stream: _____

Watershed (circle one):

Back River / Poquoson River
Upper York R / Queens Ck
Lower York R / Carter Ck / King Ck
James R / Warwick Ck

Area Draining into BMP (Acres)

High Density Residential: _____
Low Density Residential: _____
Commerical: _____
Industrial: _____
Mixed: _____
Agriculture: _____
TOTAL: _____

Impervious Cover

Acres _____
Percent _____

Inspection Frequency (circle one)

Monthly Annually
Bi-Monthly Every Other Year
Quarterly Greater Than Every Other Year
Semi-Annually Other: _____

Maintenance Frequency (circle one)

Monthly Annually
Bi-Monthly Every Other Year
Quarterly Greater Than Every Other Year
Semi-Annually Other: _____

Maintenance Agreement? Yes / No
Located Within an Urbanized Area Yes / No
Status? Pending / Active
Date of Observed Status: